Central West **LHIN**
RLISS du Centre-Ouest

Annual Report 2013 – 2014

Together, Making Healthy Change Happen

Central West Local Health Integration Network

June 2014

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

"Since becoming Board Chair of the Central West LHIN, I've come to fully understand and appreciate the value LHINs offer our health care system, and I know our local health care system is further ahead today than before the LHIN's were first established. It is a point for which I am extremely proud."

Maria Britto
Board Chair, Central West Local Health Integration Network

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MANDATE

Under the Local Health System Integration Act (*LHISA*, 2006), the Central West Local Health Integration Network (LHIN) was established and given the authority to plan, integrate, fund and monitor the local health care system for the purpose of improving the health of residents who live in communities within the LHIN's geographic boundaries.

VISION

"To create a health care system that helps people stay healthy, delivers good care when people need it and will be there for our children and grandchildren."

GUIDING PRINCIPLES

The Central West LHIN has adopted the following principles to guide its planning processes:

- Equitable access based on patient/client need
- Preservation of patient/client choice
- People-centered, community-focused care that is responsive to local population health needs
- Measureable, results-driven outcomes based on strategic policy formulation, business planning and information management
- Shared accountability among providers, government, community and citizens.

VALUES

Person-centred

Transparency

Integrity

Stewardship

Together, Making Healthy Change Happen

The Central West Local Health Integration Network (LHIN) is pleased to present its 2013/14 Annual Report, which highlights the progress and achievements made during the fiscal year April 1, 2013 through March 31, 2014 in support of the strategic directions and initiatives identified in the LHIN's current Integrated Health Services Plan – IHSP 3.

The 2013/14 Annual Report – ***"Together, Making Healthy Change Happen"*** – takes its title from a commitment to collective responsibility. As the Central West LHIN plans, integrates, funds and monitors the local health care system, it does so in collaboration with a host of Health Service Providers (HSPs), community partners and local residents, recognizing that the health needs of local communities are best understood by those who live and work in them.

Throughout 2013/14 - with the aim of providing high-quality, person-centred care - the LHIN, in collaboration with HSPs, community partners and local residents, laid a foundation for year-one of IHSP 3... a foundation that:

...improved access to Primary Health/Family Health Care with the establishment of five Health Links that cover the entire LHIN

...improved access to chronic disease prevention and management (CDPM) programs including full integration of the Diabetes Regional Coordination Centre (DRCC) and its resources within Central West LHIN operations and, as one of three pilot LHINs, implementation of the Telehomecare program which allows patients to self-manage their chronic conditions from the comfort of their own homes

...improved access to mental health and addictions services including new base-funding allocated to short-term case management for mental health and addictions; the addition of 12 full-time positions to front-line care; and, funding for Punjabi Community Health Services to help support the organization's South Asian Addiction Program

...improved access to community-based services with an $11.2 million investment to support home care for more seniors, and for expanded mental health supports

...improved system navigation resources, where notable strides were made to improve hand-offs between hospital care and community agencies through continued adoption of the "Home First" philosophy and the introduction of the aforementioned Telehomecare and Health Links initiatives

...increased system collaboration through the use of information technologies, resulting in the highest provincial adoption rate by family practitioners and specialists of the Electronic Medical Records (EMR) system

...ensured an overarching LHIN quality framework including the identification of quality, by the Board of Directors, as an area of important focus in its governance role, and the creation of the Board's Quality Committee with a mandate to provide oversight for local health system quality.

The ability to effectively understand the needs of local communities rests with meaningful community engagement and relationship building, both of which are at the heart of how the Central West LHIN operates. So too, if the health needs of local communities are best understood by those who live and work in them, it stands to reason local residents are best able to inform the LHIN if its planning and investments in high quality, person-centred care are on the right track. To this end, over 8,000 local residents dialed into a November Tele Town Hall, connecting with health care leaders from across the LHIN to learn more about health services in their local communities and to identify what was important to their local health care needs.

In 2013/14 the Central West LHIN also conducted its third pubic poll. Results revealed there has been a steady increase, over the past several years, in the number of residents who are satisfied with access to their local health care programs and services. Notably, 88% percent of Central West LHIN residents indicated satisfaction with the quality of their local health care, an 11% percent improvement over the previous public poll conducted in 2009. Results also showed improvements in satisfaction with accessibility to local health care services including doctors and specialists. 82% percent of local residents are satisfied with the system's capacity to accommodate diversity and 78% percent with the system's ability to provide fair and equitable services for all.

Residents from across the Central West LHIN have let us know that collectively, in collaboration with HSPs and community partners, we are on the right track and that planning and investments are making a difference.

Through the lens of the LHIN's Healthy Change transformation model, the content contained in the 2013/14 Annual Report is presented according to the four strategic directions outlined in IHSP 3 – Improve Access to Care, Streamline Transitions and Navigation of the System, Drive Quality and Value and Build on the Momentum. In addition to highlights from each of these four areas, attention is also given to the Central West LHIN's performance indicators, a summary of the LHIN's community engagement activities and an overview of the LHIN's audited financial statements.

Ministry LHIN Performance Accountability (MLPA) indicators show that together with HSPs, community partners and local residents, the LHIN has made notable improvements to the local health system over the past year. Does the LHIN have a lot still to accomplish... absolutely. With system building there will always be room for improvement but, the local health care system is further ahead today than when the LHIN was first established. Is the Central West LHIN up to the challenges that lie ahead? Let there be no doubt, the answer is a resounding yes!

Both residents and health care professionals alike, place high value on their health care system and the need for it to be responsive to local communities. The Central West LHIN would like to thank the many HSPs, community partners and local residents who have taken ownership and responsibility for evoking meaningful change. Their dedication, commitment and collaborative efforts toward the provision of high-quality, person-centred, local health care are transforming a bold vision into reality.

Together we are making healthy change happen!

Maria Britto
Board Chair of the Central West LHIN

Scott McLeod
Chief Executive Officer, Central West LHIN

Central West LHIN

Board of Directors

Maria Britto
Chair
June 9/11 – June 8/14
June 9/14 – June 8/17 (reappointed)

Hon. John McDermid
Vice Chair
June 9/11 – June 8/14
Jan. 9/14 – Jan. 8/17 (reappointed)

Lorraine Gandolfo
Director
Oct. 27/10 – Oct. 26/13
Oct. 27/13 – Oct. 26/16 (reappointed)

Suzan Hall
Director
May 17/11 – May 16/14
May 17/14 – May 16/17 (reappointed)

Winston Isaac
Director
Jan. 13/10 – Jan. 12/12
Jan. 13/12 – Jan. 12/15 (reappointed)

Gerry Merkley
Director
June 17/10 – June 16/13
June 17/13 – June 16/16 (reappointed)

Pardeep Singh Nagra
Director
June 9/1 – June 8/14
June 9/14 – June 8/17 (reappointed)

Ken Topping
Director
Oct. 6/10 – Oct. 6/13
Oct. 6/13 – Oct. 5/16 (reappointed)

OVERVIEW

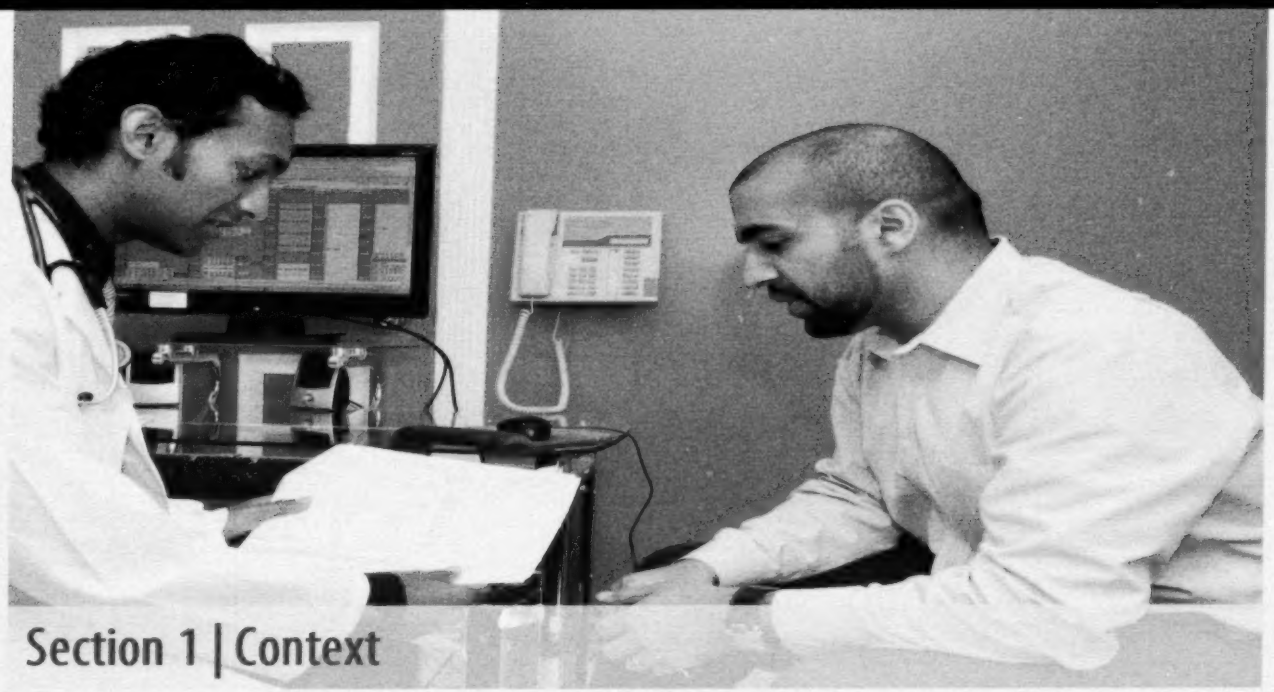
The Central West LHIN's 2013/14 Annual Report highlights the progress and achievements made during fiscal year April 1, 2013 through March 31, 2014, year-one of the LHIN's current Integrated Health Services Plan – IHSP 3. It indicates how, in collaboration with local Health Service Providers (HSPs) and the broader health care sector, the LHIN has worked to improve the health care of local residents, based on the action plans set forth in the 2013/14 Annual Business Plan.

IHSP 3 is focused on four strategic directions that aim to improve access to local health care services and to better integrate those services across the continuum of care. It aligns with *Ontario's Action Plan for Health Care*, the Ministry of Health and Long Term Care's (MOHLTC) strategy that is focused on building a health system more responsive to residents, while delivering better value for money. It also aligns with pan-LHIN system imperatives, which focus the collective efforts of all 14 LHINs on navigating and facilitating the transition of residents through the health care system among health care providers.

The 2013/14 Annual Report is comprised of four main sections, a conclusion and a section devoted to the LHIN's audited financial statements.

- **Section 1 – Context |** provides an overview of the Central West LHIN's strategic directions, alignment with MOHLTC and pan-LHIN priorities and outlines the population and health profiles of its local residents.
- **Section 2 - Healthy Change |** highlights the specific achievements and progress made in support of the strategic directions and initiatives identified in IHSP 3.
- **Section 3 – Central West LHIN Performance Indicators |** reviews 2013/14 system performance and financial accountabilities that were established between the MOHLTC and the Central West LHIN.
- **Section 4 – Engaging Central West LHIN Communities |** summarizes communications and community engagement activities/highlights during the 2013/14 fiscal year.
- **Conclusion |** a response to the question "How are we doing?" from the Central West LHIN's most important stakeholders... local LHIN residents.
- **Financial Statements |** provides a complete outline of the Central West LHIN's audited financial statements including an independent auditor's report, statements of financial position, activities, changes in net debt and cash flows.

In partnership with the MOHLTC, HSPs and local residents, the Central West LHIN is working to ensure a sustainable health system that delivers high-quality, person-centered, health care for current and future generations.



Section 1 | Context

1.1 Strategic Directions and Alignment

IHSP 3 lays out the Central West LHIN's plans to improve local health care for the period April 2013 through March 2016. The four strategic directions and associated initiatives contained in IHSP 3 align *with both Ontario's Action Plan for Health Care* and pan-LHIN system imperatives, and guided the LHIN's activities throughout 2013/14.

Improve Access to Care

- Primary Health / Family Health Care
- Chronic Disease Prevention & Management (CDPM) programs
- Mental health and addictions services
- Community-based services for seniors.

Streamline Transitions & Navigation

- Improve linkages with and among Primary Health / Family Health care and other providers in the health system
- Improve system navigation resources
- Increase system collaboration through use of information technologies.

Drive Quality & Value

- Ensure an overarching LHIN quality framework
- Optimize use of health care resources to foster better care.

Build on the Momentum

- Aboriginal Health
- Diversity and Health Equity
- French language Services
- Palliative Care
- Women and Children's Health.

Ontario's Action Plan for Health Care	Central West LHIN IHSP 3	Pan-LHIN System Imperatives
Keeping Ontario Healthy	Drive Quality and Value	Leading with quality and safety
Faster access to stronger primary health care	**Improve Access to Care**	Strengthening and enhancing access to primary care
Right Care, Right Time, Right Place	Streamline Transitions & Navigation	Enhancing coordination and transitions of care for targeted populations
	Build on the Momentum	Holding the gains

1.2 The Landscape

The Central West LHIN is very much a mosaic of geographic and cultural diversity and, as a result, there are a host of unique factors that impact the LHIN's ability to achieve its mandate.

Population Profile

The Central West LHIN is home to over 840,000 residents who make up 7% percent of Ontario's total population. The population is predominantly urban. 86% percent of residents reside in urban areas, while the remaining 14% percent live in a mixture of urban/rural (8%) and rural communities (6%). The Central West LHIN also has one of the highest population growth rates in the province. Between 2006 and 2011 the number of residents increased by 11% percent, as compared to 6% percent across the province. This growth is projected to continue, climbing by an additional 23% percent over the next 7 years to 1,030,500 residents by 2021.

Among the 14 Ontario LHINs, the Central West LHIN currently has the lowest proportion of senior residents. Those aged 65 and over comprise 11% percent of the LHIN's total population, as compared to 14% percent in Ontario. While seniors appear to be healthy with high life expectancy, low crude mortality and a lower prevalence of all major chronic diseases, estimates project that the Central West LHIN will experience unprecedented growth in the seniors population, rising 64% percent by 2021 as compared to 43% percent growth predicted for Ontario. The fastest growing group are those aged 65 to 74, with a projected increase of 64% percent by 2021.

The Central West LHIN is also one of the most diverse communities in the province. Over half of local residents belong to visible minority groups, as compared to the provincial average of 26% percent. Almost half of the population are immigrants (47%) and 13% percent of residents are newcomers to Canada within five years. 58% percent of local LHIN residents report English as their mother language and 4% percent report no knowledge of either official language - the second highest rate in the province. The LHIN is home to over 16,000 Francophones and 5,600 residents who self-report as indigenous people.

Health Profile

36% percent of adults residing within the Central West LHIN have one chronic condition, while 14% percent have multiple chronic conditions. 36% percent of local residents are obese and 60% percent are physically inactive. At 12% of the total population, the LHIN also has the third highest prevalence rate of diabetes in Ontario. Since 2010, the prevalence of diabetes has risen by 20% percent, and both incidence and prevalence rates are substantially higher than provincial averages. Among the diabetic population, the demand for acute services, specialty care and clinical interventions is increasing.

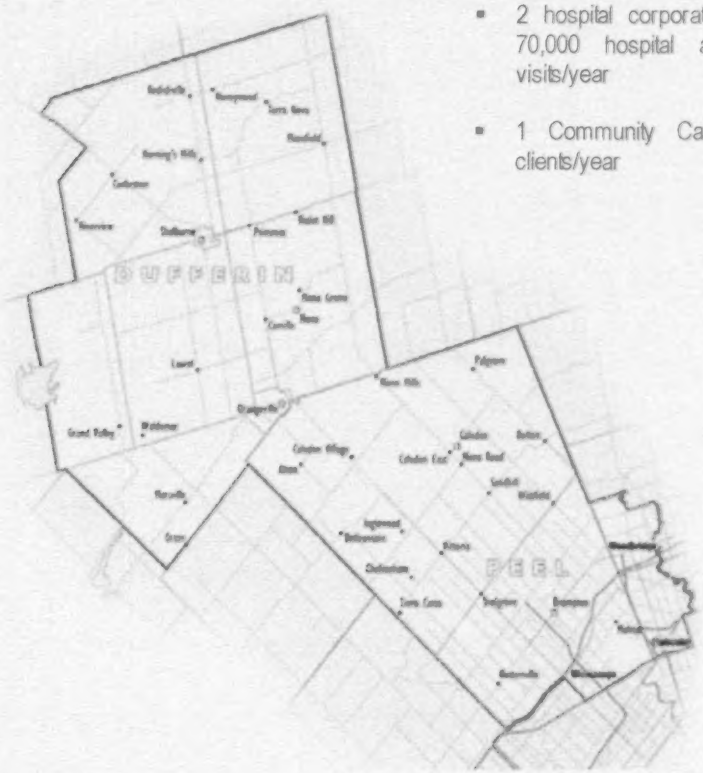
Over the past several years, the Central West LHIN has also experienced an increase in the number of Emergency Department (ED) visits, acute hospitalizations and re-visits for mental health and addictions issues, particularly among youth aged 12-24 years. The rate of visits to a Health Service Provider (HSP) for mental health and addictions is significantly higher than the provincial average (22% vs 14%), and median wait times for community support services, case management, counselling/treatment, early intervention programs and supportive housing continue to exceed those in neighboring LHINs.

Seniors make up approximately half of the Central West LHIN's active, complex, high-use population, those who require repeated admissions to hospital and/or long length of stays in acute, post-acute and community-based care. These residents access the system frequently and at multiple entry points, often defaulting to the ED, which can result in uncoordinated care.

Meanwhile, rates among specific disease groups are improving. Chronic Obstructive Pulmonary Disease (COPD), heart disease and stroke are among the lowest in the province. Mortality rates for arthritis, cancer, COPD, hypertension and Ischemic Heart Disease are also among the lowest in Ontario. With the exception of arthritis, all chronic conditions are decreasing and the percentage of residents over 75 years of age with heart disease is lower than the Ontario average.

Health Service Providers

The Central West LHIN funds HSPs in the regions of Brampton, Caledon, Dufferin, Malton, north Etobicoke and west Woodbridge through a base budget of $845 million provided by the Ontario Ministry of Health and Long Term Care (MOHLTC). Within this budget, the LHIN funds:



- 2 hospital corporations, operating 3 hospital sites attending over 70,000 hospital admissions and 233,500 unscheduled ED visits/year
- 1 Community Care Access Centre (CCAC) serving 32,500 clients/year
- 23 Long-Term Care Homes (LTC) providing an estimated 750,000 resident days/year
- 2 Community Health Centers (CHC), operating 5 locations delivering over 25,000 primary care visits/year
- 14 agencies offering community support services (CSS) to an estimated 40,000 clients/year
- 8 organizations that provide mental health, addictions and problem gambling services to over 2,600 local residents each year.

Section 2 | Healthy Change

2.1 Improve Access to Care

2.1.1 Improve Access to Primary Health / Family Health Care

IHSP 3 Initiative Description

In 2013/14 the Central West LHIN continued to work with Family Health Teams (FHTs), Community Health Centres (CHCs) and primary care practitioners to ensure residents have timely access to multi-disciplinary primary care, and to provide care in appropriate primary care settings with the aim of reducing avoidable hospital use specifically, unnecessary visits to Emergency Departments (EDs).

Current Status

There are close to 600 family physicians practicing within the Central West LHIN (OPHDRC, 2012). Residents are served by 6 FHTs, 2 CHCs, 33 Family Health Groups (FHGs), 13 Family Health Organizations (FHOs) and over 180 individual fee-for-service practitioners.

In 2013/14, the Central West LHIN played a key role in the collaborative design and implementation of Health Links, being one of the first of Ontario's 14 LHINs to fully implement Health Links across the entire geographic area. Five local Health Links were created, each having adopted a common business plan and a standard model of care to ensure a consistent experience for patients and providers. Health Links in the Central West LHIN include Bramalea and Area, Brampton and Area, Dufferin Area, North Etobicoke - Malton - West Woodbridge Area, and Bolton - Caledon Area.

Collaborative efforts resulted in the adoption of a common definition of "high-use" patients across the Central West LHIN, which has formed the basis for ongoing identification of candidates for the Health Links program. Health Links increases the effectiveness of primary care providers for high users and encourages greater collaboration between among service providers.

HealthLinks

TEAMWORK

At 76 years of age, "Agnes" lives with diabetes, morbid obesity, Chronic Obstructive Pulmonary Disease and is awaiting knee replacement for arthritis.

Concerned about her lack of motivation to manage her own health (diabetes), that she would be readmitted to hospital due to her poor health history and that knee replacement would never happen unless she were to lose weight, Agnes was referred to the Dufferin Area Health Link by her Primary Care Physician.

Since her referral Agnes...

- is self-motivated to follow a home exercise program, including physiotherapy
- has improved her adherence to diet and diabetic management, and to date between diet and exercise has lost a total of 22lbs
- enjoys the support of her family whose aim is to see her attain her goals for improved physical, mental and dietary health
- is no longer house bound due to her multiple health conditions, is enjoying a much better quality of life and is able to once again attend medical appointments on her own.

Knee replacement is now looking favourable and her Primary Care Physician said it best...

..."this has been a TEAM success story."

The Central West LHIN also established a Primary Care Network. Led by the Physician Primary Care Lead, this group is focused on developing engagement strategies and partnerships for local primary care practitioners.

Through the collaborative work of Health Links, FHTs, CHCs, the Central West Community Care Access Centre (CCAC) and Primary Care Network, local residents are receiving faster care, spend less time waiting for care and are supported by a comprehensive team of providers across the health care system.

Building on this effective collaboration, the LHIN continues to support and invest in efforts that forge relationships, information exchange and patient transitions between primary care, acute care and community service partners.

2.1.2 Improve Access to Chronic Disease Prevention and Management Programs

IHSP 3 Initiative Description

Throughout 2013/14, the Central West LHIN worked with community partners to increase capacity for the self-management of chronic conditions in order to improve the treatment and management of chronic diseases in the community.

Current Status

In 2013/14, the Diabetes Regional Coordination Centre (DRCC) and its associated educational resources became fully integrated within Central West LHIN operations. Four Health Service Providers (HSPs) now deliver Diabetes Education Programs funded by the Ministry of Health and Long-Term Care (MOHLTC), the active caseload for which has increased by 3% percent for residents attending local Diabetes Education Programs.

In 2013/14, the rate of ED visits for hyperglycemia and hypoglycemia remained at 220 visits per 100,000 population, and the number of readmissions to hospital within 30 days of discharge for conditions related to diabetes was at or below the evidence-based expected rate in all four quarters. These indicators reflect the collective success of the Central West LHIN's diabetes education and self-management programs.

This past year, through the newly established regional Telehomecare program, eligible residents with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) were able to better self-manage their care with the support of technology placed in their home. The successful results of this "pilot" program demonstrate the ability of patients to better manage their own conditions within their communities, thereby avoiding and preventing unnecessary utilization of acute care/ambulatory services.

HEALTHY at HOME | Telehomecare

Since being introduced in April 2013, Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) patients are now self-managing their care from the comfort of home thanks to the Telehomecare program.

The program has surpassed initial targets by 13% percent, having delivered on all of its objectives that align with many of the Central West LHIN's strategic directions/initiatives outlined in IHSP 3.

Telehomecare has improved access to care, wirelessly connecting patients with nurses who provide both remote monitoring and regular health coaching sessions, while continuing to have appointments with their existing Health Service Providers (HSPs) as needed. As a result, Telehomecare does not replace but rather supports and/or augments physician services. With this additional level of support, the program has provided *better quality and value*, reducing unnecessary visits (48%) and admissions (76%) to hospital over the first 6 month period.

William Osler Health System is host for the Central West Telehomecare Program, while the Central West Community Care Access Centre (CCAC), Headwaters Health Care Centre (HHCC), Family Health Teams (FHTs), primary care providers and other HSPs are all playing an essential role by referring patients to the program. This collaborative approach has led to better information sharing, faster treatment and greater patient support from all levels of the local health care system.

To improve treatment and management of chronic diseases in the community, the Central West LHIN continues to build on the momentum of the program by working with community partners to increase capacity for self-management of chronic conditions. Additionally, the LHIN will look to incorporate Telehomecare into Health Links as an effective way to further empower high-use patients who display a variety of chronic conditions.

** From E & S Gardhouse to their Telehomecare Nurse...

> "Elgin and I would like to tell you how much we have needed and appreciated all of your help these past months. During this time, you have helped us through several difficulties. You have eased our minds on several occasions, and your suggestions regarding Elgin's nutritional needs and medications were invaluable.
>
> It is very reassuring to know there is someone with medical training available to assess the data sent by the Telehomecare equipment, and to respond twenty-four hours a day if required. We are so grateful this service is available to those of us who need it, and we surely hope this will be a permanent part of our health care system!" – *E & S Gardhouse*

IMPROVED SPECIALIST CARE CLOSE TO HOME

Thanks to funding from the Central West LHIN and a partnership between Headwaters Health Care Centre and Caledon Community Services, Caledon residents now have access to specialist consultation services, close to home.

Through this new service residents have improved access to on-site specialist services via onsite videoconferencing through the Ontario Telemedicine Network (OTN). OTN technology enables specialists to connect with other health care providers throughout the province. During the grand opening Maria Britto, Board Chair of the Central West LHIN, spoke about the importance of the specialists consultation services to the community.

> "Investing in health care services that provide residents with care closer to home is a top priority for the Central West LHIN. This program is a wonderful example of what can be achieved when health care organizations, local doctors and specialists work together to improve local access to care. We are pleased that there will be an option for Caledon residents so that they will no longer face lengthy travel times when accessing specialist care."

In 2013/14, this partnership between the Central West LHIN, Caledon Community Services and Headwaters Health Care Centre continued to pave the way for excellent community-based health care for local residents.

2.1.3 Improve Access to Mental Health and Addictions Services

IHSP 3 Initiative Description

In 2013/14 the Central West LHIN, in collaboration with community partners, increased capacity for community-based programs and improved early intervention for youth-at-risk.

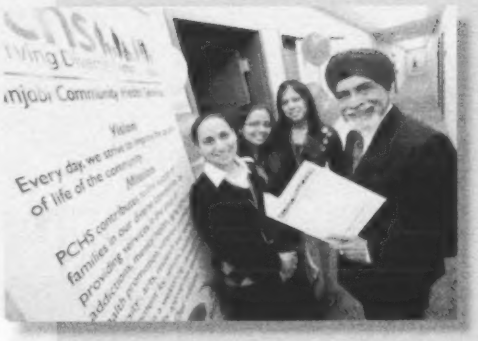
Current Status

The Central West LHIN funds eight HSPs that deliver mental health and addictions services to over 2,600 local residents each year. Services range in function, intensity and duration and include case management, crisis response, counselling and treatment, early intervention, support within housing, residential withdrawal management, diversion and court support, social rehabilitation, recreation, health promotion and employment support.

In 2013/14 the Central West LHIN made notable investments in community mental health services. New base-funding was allocated to short-term case management for mental health and addictions, thereby increasing the number of practitioners delivering front-line care. In April 2013, following recommendations laid out in Ontario's "*Open Minds, Healthy Minds – A three year plan for children and youth mental health*", five Mental Health Nurses were introduced, through the Central West CCAC, into area public schools. In addition, Nurse Practitioners were added to the Eating Disorders Clinic team, managing 156 new referrals last year, 70% percent of whom were under 24 years of age.

Standardized crisis plans and protocols were developed to prevent and better manage crises by the local mental health and addictions services collaborative. A new service resolution model, which aligns with Health Links, was introduced to clients with complex circumstances, with a focus on youth and young adults aged 16 to 24 years.

Improving mental health services throughout the lifespan, is one way to ensure all Ontarians receive better access, better quality and better value from their local health care systems. Through early identification and intervention with at-risk youth and enhanced community-based services, the LHIN is working to ensure that residents with mental health and addictions receive timely access to the most appropriate services as close to home as possible.



GURBIR'S STORY

Addicted to Tylenol 3 painkillers, Gurbir was initially prescribed the narcotic for an injury suffered as a result of a workplace incident. A prescription supposed to last for one month, lasted more than two years. More than a painkiller for Gurbir, the drug was a relaxant and he was hooked.

When Gurbir's wife found out about the services offered at Punjabi Community Health Service (PCHS) she immediately brought him to the agency for help and support.

"If I had known earlier that I could access the addiction treatment services at PCHS, I would have come sooner." - *Gurbir*

Helping residents manage their addictions is one of many services offered by PCHS. According to Baldev Malta, CEO of PCHS, education about dependency is all that Gurbir needed and received from his Case Manager.

In 2013/14, the PCHS received $97,000 in additional funding to support programs and services offered through its South Asian Addictions Program including group, day, relapse prevention, family enhanced, women's and disorders programming.

Individuals now have access to the services they require, right in their own community.

2.1.4 Improve Access to Community-Based Services for Seniors

IHSP 3 Initiative Description

Throughout 2013/14, the Central West LHIN worked with community partners to develop strategies that support seniors in the community and increase their quality of life, with the aim of reducing avoidable ED visits, hospital admissions and Alternative Level of Care (ALC) designations.

Current Status

The Central West LHIN funds 21 community-based agencies that deliver services to support the independent living of seniors within the community. Services include delivery, social/safety visiting, congregate dining, adult day programs, transportation, exercise/falls prevention, chronic disease management, caregiver support, independence training, psychogeriatrics, assisted living, respite and palliative care. The LHIN also provides funding to the Central West Community Care Access Centre (CCAC) to deliver nursing care, rehabilitation and personal support services, as well as rapid response nursing care, palliative care, community clinics, supportive living and long-term care placement.

LIVING INDEPENDENTLY AT 99

Living independently is the key to a long life. Just ask Amy Porter, who prefers to live on her own with a little support from the CANES Community Care Assisted Living program.

In 2013/14, Amy celebrated her 99th birthday with friends, family and the dedicated team from CANES' Community Care Assisted Living program. One of CANES' first clients, Amy has been with the program for over 14 years and is doing very well. At 99 years old, she lives independently in a Toronto Community Housing Corporation (TCHC) building in Rexdale, with access to the assistance she needs, when needed.

"I have always been and continue to be very independent. It's the simple things like walking over to the mall and getting my hair done. I am looking forward to turning 100 next October, and am so excited about the arrival of my great, great grandchild." *– Amy Porter*

As an identified best practice in seniors care, the Central West LHIN increased funding to assisted living programs threefold over an eighteen-month period, including over $2.5 million in November of 2013. The LHIN now funds 6 organizations that deliver assisted living in 29 buildings, with 629 funded places. Overall the LHIN has 48% more assisted living spaces year-over-year.

Personal Support Workers provide daily visits and perform a variety of tasks depending on individual needs. Some seniors require services such as laundry, grocery shopping, meal preparation and light housekeeping. Others need help with personal care such as bathing and getting dressed, medication reminders, security checks and an escort to medical appointments. In some cases, seniors are equipped with a personal help button that provides lifeline monitoring and access to 24-hour emergency response. The CANES' program is designed to provide seniors with support so they can live independently.

The Alzheimer Society of Dufferin County and Alzheimer Society of Peel received funds to expand joint "First Link" programs which support individuals and their families living with dementia. The Central West CCAC assumed management of all assessment, referral and waitlist processes for assisted living and adult day programs operating within the LHIN's boundaries.

Since its inception, the Behaviour Supports Ontario (BSO) program has interacted with over 8,000 Long-Term Care home residents, helping staff to develop individual care plans, avoid unnecessary visits to hospital EDs and hospital admissions. In addition, the rates of Long-Term Care home assessments that trigger worsening behavioural symptoms has declined, with a noted significant decline in the reported use of physical restraints. By the end of 2013/14 the BSO program had trained over 7,300 front line staff in the recognition and care of people exhibiting responsive behaviours.

Enhancements were made to Assess and Restore units at Headwaters Health Care Centre and Brampton Civic Hospital by purchasing equipment and adding care coordination capacity. In addition, the Nurse-Led Outreach Team (NLOT) received funding which supported an increase in the annual volume of Long-Term Care home residents served. The availability of NLOT to support Long-Term Care homes has reduced both the rate of unscheduled ED visits among active residents and ED visits resulting in hospital admission, by 5% percent since the program's inception.

In support of enhanced access to physiotherapy services, the Central West LHIN provided the Central West CCAC with a base funding allocation of $1.3 million to expand home physiotherapy services for 2,036 additional physiotherapy clients and $448,200, to implement 149 exercise and falls prevention classes in 36 locations across the Central West LHIN. In addition, the MOHLTC invested more than $2.35 million to support the addition of new publicly-funded community physiotherapy clinics. These investments have enabled seniors and eligible patients to stay healthy, active and independent in their own homes and local communities.

$11.2 MILLION

Improved Access to Home and Community Care for Seniors

INTEGRATED ASSESSMENT RECORD

All of the Central West LHIN's community-based Health Service Providers (HSPs), mental health service providers and most Long-Term Care homes have adopted the use of the Integrated Assessment Record (IAR) tool.

The IAR ensures client assessments to move with the client from one Health Service Provider to another. It permits participating HSPs to upload and view the information from consenting clients.

This enables HSPs to collaborate in order to effectively plan and deliver care. The tool also streamlines patient information so there is less duplication and faster access to services.

2.2 Streamline Transitions and Navigation of the System

2.2.1 Improve Linkages With and Among Primary Health/Family Health Care and other Providers in the Health Care System

IHSP 3 Initiative Description

In 2013/14 the Central West LHIN increased the Central West CCAC's coordination of care in primary care settings to ensure the provision of the right community-based care. The LHIN focused on populations with complex needs, who access care from multiple providers or are disadvantaged, marginalized and struggle to get the care they need, when and where they need it.

Current Status

In 2013, the LHIN played a leadership role in establishing five Health Links that encompass all communities across the entire geographic area including Bolton–Caledon, Bramalea and Area, Brampton and Area, Dufferin Area and North Etobicoke-Malton-West Woodbridge. Health Links seek to develop individualized coordinated care plans for each identified high user, leveraging local resources and information across the continuum of care.

In support of Health Links, the Central West LHIN approved funding for six Care Coordinators managed through the Central West CCAC, to develop and implement coordinated care plans for identified high use residents. The Central West CCAC is developing additional strategies to increase alignment and coordination between primary care settings. While focused on collaborative care planning for the complex health needs of clients who utilize significant resources from multiple HSPs, these strategies will help to improve care for all clients.

In 2013, the Central West LHIN also became one of three LHINs to pilot the provincial Telehomecare project. The aim of the Telehomecare program is to electronically link patients with complex chronic conditions with a nurse, who can then remotely monitor and rapidly respond to changes in health information. As of March 31, 2014 the Telehomecare program had received 1,467 new referrals, enrolled 762 clients and discharged 338 clients.

The LHIN and CHCs continued to adopt and integrate findings from the Health Equity Impact Analysis (HEIA). This work has reduced barriers to access for individuals with cultural and language needs, low income, mental health and addiction issues, unstable housing, social isolation and sexual/gender diversity.

2.2.2 Improve System Navigation Resources

IHSP 3 Initiative Description

The Central West LHIN continued to work with HSPs and community partners to understand and address barriers to system access, and develop integrated care pathways and care plans to help understand where and when to access needed health care after discharge from hospital. In so doing, the LHIN sought to partner with community and government agencies to strengthen system navigation and support the establishment and use of services, such as Health Links and Telehomecare.

Current Status

In 2013/14, the Central West LHIN Patient Flow Core Action Group was formed with the mandate to identify strategies and recommend actions surrounding capacity planning, knowledge translation and issues of transition/navigation management. Strides were made to improve hand-offs between hospital care and community agencies through adoption of the "Home First" philosophy, implementation of Aging at Home initiatives and the introduction of Telehomecare and Health Links. The LHIN's five Health Links began to improve care for seniors and residents with complex conditions through the use of personalized care plans and more coordinated support from an integrated team of HSPs.

Several barriers to access were addressed. The Central West CCAC assumed responsibility for the assessment and placement of clients in eight adult day programs and six assisted living programs operating in 18 locations across the Central West LHIN. Three agencies received community funding to increase transportation services. Outpatient rehabilitation services remain limited for LHIN residents and the number of patients discharged home following hip and knee replacement surgery has declined. The LHIN continues to explore best practice pathways for rehabilitation care to support recovery within the community.

2.2.3 Increase System Collaboration through the use of Information Technologies

IHSP 3 Initiative Description

The Central West LHIN led and participated in provincial, regional and local initiatives that supported the development of an Electronic Health Record (EHR) for all Ontarians. The EHR is designed to contain and share information from all providers involved in a patient's care. Notably, the LHIN worked with hospitals and primary care practitioners to ensure timely discharge information is accessible.

Current Status

In 2013/14 the Central West LHIN made significant strides in Information Management, implementing the Community Care Information Management's (CCIM) common assessment tools, screener tools and Integrated Assessment Record (IAR) in many local Health Service Providers. Use of these tools allows personal health information to be transferred securely between service providers, reducing the workload of agencies and effort of clients. Monthly summary reports available since October 2013, have allowed the LHIN to better understand select client populations and to begin monitoring strengths and gaps in system services.

YOU'VE GOT MAIL.. eMAIL

Introduced in 2013/14, over 87% percent of primary care physicians and 51% percent of specialists have adopted use of the Electronic Medical Records (EMR) system, the highest rate of adoption among family practitioners and specialists in the province.

Dr. Sanjeev Goel is part of the Wise Elephant Family Health Team in Brampton which has been completely paperless since 2009.

"Not only is the management of patient records more efficient, but EMRs enable health care professionals to share information between health care service providers."

In the Central West LHIN, lab tests and specialist results are shared electronically within days, which allow physicians to provide patients with information faster. In addition, patients can allow their pharmacists to view the information electronically, which allows for efficient renewals of prescriptions.

Primary Care Lead at the Central West LHIN, Dr. Frank Martino says physicians are embracing this innovation.

"My colleagues and I could never go back to paper. The EMR has added efficiency that allows me to manage my diabetic patients better, ensures more effective cancer screening and disease prevention. It also really improves the patient's journey by linking Health Service Providers to share information."

In order to support the adoption of EMR, the Central West LHIN facilitated sessions with physicians to provide information about the benefits of moving to a paperless environment.

Headwaters Health Care Centre began to expand electronic access of their hospital reports to primary care physicians and specialists through the use of the Hospital Report Manager (HRM) product. William Osler Health System, HHCC, the Central West CCAC and most Long-Term Care (LTC) homes implemented provincial referral standards for hospital (acute inpatient) to CCAC referrals and hospital (acute inpatient) to LTC referrals, under the direction of the Provincial Alternative Level of Care Resource Matching & Referral Business Transformation Initiative.

Meanwhile, across the Central West LHIN, 87% percent of primary care practitioners and 51% percent of specialists have now adopted the use of Electronic Medical Record (EMR) systems - the highest adoption rates in the province. The Ontario Lab Information System (OLIS) has collected approximately 70% percent of provincial lab test results through connections with hospitals, community labs and public health labs. Osler is now providing OLIS with ongoing test results, while planning continues for Headwaters Health Care Centre to follow suit.

250 clinicians in the Central West LHIN can now view OLIS data for their patients in their EMR systems. An additional 290 clinicians are completing activities required to view their patient lab data and others will be connected throughout the year.

The ConnectingGTA (cGTA) project worked with Health Care Providers to provide a single point of access to patient health information. At the end of 2013/14 William Osler Health System continued to feed data into the clinical repository. Viewing of patient data within the cGTA repository is targeted for 2014/2015.

2.3 Drive Quality and Value

2.3.1 Ensure an Overarching LHIN Quality Framework

IHSP 3 Initiative Description

The Central West LHIN supports the establishment of education and training programs aimed at improving treatment, care and safety based on leading practices, while building capacity for improvement and safety. The LHIN will incorporate patient/client experience in quality indicators, and develop a collaborative and integrated approach with Health Service Providers to support the development of quality improvement plans and to undertake accreditation processes.

Current Status

In 2013, the Central West LHIN Board of Directors identified quality as an important focus in its governance role. A Quality Committee of the Board was established to provide oversight for local health system quality. This role includes the development of system-level aims for improvement and monitoring progress towards the achievement of these aims through a quality

dashboard as part of the LHIN's Balanced Scorecard. The LHIN's role in performance monitoring through the Balanced Scorecard and associated dashboard provides an overview of the status of the local health care system relative to important indicators of quality, aligned with the four strategic directions of IHSP 3. The Quality Committee also provides guidance for implementation of the Central West LHIN Quality Framework. The framework provides a foundation for the development and implementation of targeted cross-sector initiatives designed to build capacity for improvement of quality and safety.

The Central West CCAC, Headwaters Health Care System, Osler, Bramalea CHC and Rexdale CHC all completed Quality Improvement Plans (QIPs), submitting them to the Central West LHIN and Health Quality Ontario (HQO) by March 31, 2014.

In addition to QIPs, accreditation is an important process for all LHIN-funded agencies to undertake to identify areas of excellence and where gaps exist relative to quality standards of care. In 2013/14, a majority of LHIN Health Service Providers were either in the process of becoming or were already accredited. The Central West LHIN hosted an Accreditation Workshop in January 2014 to support non-accredited providers in understanding the accreditation process. The 16 non-accredited community-based providers are in the process of creating and submitting their QIPs.

2.3.2 Optimize Use of Health Care Resources to Foster Better Value

IHSP 3 Initiative Description

The LHIN is working to reduce avoidable hospital admissions by supporting expanded community-based services. The LHIN is also reducing Alternate Level of Care (ALC) designations by improving discharge processes and supporting community-based services. The LHIN will work with local providers about improving admission, bed utilization and discharge processes. To support best practice and cost effective treatment/care, the LHIN will also implement Health System Funding Reform (HSFR) initiatives with the MOHLTC and local HSPs.

Current Status

The Central West LHIN has the highest proportion of high-acuity ED visits in the province. In 2013/2014, 79% percent of all ED visits were triaged as high acuity, as compared to 65% percent for the province. 12% percent of all ED visits and 16% percent of the high acuity ED visits resulted in an inpatient admission. In 2013/14, the LHIN met provincial ED wait time targets for low-acuity patients, discharging 90% percent of patients within 4 hours or less of presentation and 90% percent of high acuity patients within 8 hours. These improvements are largely attributable to the Pay for Results program which, now in its sixth year, targets improvements in ED processes.

A focus of the Patient Flow Core Action Group at the LHIN is to reduce avoidable hospital admissions from both emergency departments to inpatient units and from acute to post-acute beds. A proxy measure to track these admissions is Alternative Level of Care (ALC) designations within two days. There are few conditions which require a hospital stay of two days or less. These tend to be relatively routine episodes of care for young and healthy people, such as childbirth or minor surgeries, and those conditions are much more likely to result in an unfettered discharge. When a patient is designated ALC within two days of having been admitted to an inpatient bed, there is a strong likelihood that the admission was not clinically necessary.

In 2013/14, funding for selected surgeries and diagnostic wait times shifted to the new Quality-Based Procedures (QBP) model. Providers are expected to deliver these procedures within funded amounts while maintaining and improving access times. The Central West LHIN has experienced tremendous improvement in wait times for diagnostic imaging—more than 90% receive computerized tomography (CT) within the provincial access target of 28 days. For magnetic resonance imaging (MRI), the Central West LHIN has moved from rates below 20% percent in 2010 and 2011 to performance above 80% percent in 2013/2014. More than 90% of cancer surgeries and close to 90% of cataract surgeries are consistently performed within provincial access targets. However, wait times for hip and knee replacement continue to grow and the number of

DIVERSITY and HEALTH EQUITY

In 2013/14 the Central West LHIN continued to work with Health Service Providers (HSPs) to develop strategies to remove barriers to health care services for marginalized communities.

The Health Equity Impact Assessment Tool (HEIA) was implemented in the Central West LHIN in partnership with the Ministry of Health and Long-Term Care.

This flexible and practical assessment tool is being used by both William Osler Health System and Headwaters Health Care Centre to identify potential health impacts (positive or negative) of a plan, policy or program on vulnerable or disadvantaged groups within the general population.

FRENCH LANGUAGE SERVICES

Working with Reflet Salvéo, the Central West, Mississauga Halton and Toronto Central LHINs developed the 2013/14 Joint Annual Action Plan to improve Francophones' access to quality health care services in three areas:

1. Develop strategies that improve access to primary care services. Health Links is a key initiative that will help Francophones better connect with primary care physicians. Each LHIN will also work with Reflet Salvéo to identify the capacity to deliver primary care services in French.

2. Address gaps in mental health and addictions services, with an emphasis on supporting youth and people with complex mental illness and addictions in the Francophone community.

3. Work with Reflet Salvéo to pursue one collaborative project to improve the quality of care and experiences of populations that have high and unmet needs. This will be done by supporting Health Service Providers in coordinating services and collaborating in the care of Francophone clients.

residents receiving these surgeries within the provincial access target continues to decline. The LHIN has worked with hospitals to improve performance, but the overwhelming demand for these procedures continues to outstrip the supply.

2.4 Build on the Momentum

IHSP 3 Initiative Description

In 2013/14, through community engagement and priority-setting, the Central West LHIN devoted time, attention and resources to long-standing initiatives that are aligned with provincial directions and priorities.

Diversity and Health Equity
The Central West LHIN worked with local HSPs at the Diversity and Health Equity Core Action Group to identify specific local strategies to engage the diverse communities and to promote equitable access to health care services. This work included identifying key priorities for action, utilizing tools such as the Health Equity Environmental Scan, the Health Equity Impact Assessment Tool (HEIA), Health Equity Plans, and focusing on culturally competent approaches that improve access to, and the quality of, health care services.

French Language Services
The Central West LHIN continued to effectively engage local French-speaking communities by working in collaboration with Reflet Salvéo, the French Language Health Planning Entity, and with the aim of improving access to and integration of French language health care services in the local health care system.

Aboriginal Health
The Central West LHIN also continued to engage local indigenous people, with the aim of better understanding local health care and service delivery issues so as to further develop priorities and strategies to improve access to and engagement of health care services.

Palliative Care Services
In collaboration with LHINs across the province, the MOHLTC and working locally with the Central West Palliative Care Network, the Central West LHIN participated in the development of a vision for palliative care across the province. In so doing, the LHIN laid the groundwork for establishing a local plan for palliative care services, tailored to meet the palliative care needs of residents and their families.

Women and Children's health
The Central West LHIN continued its work with local providers to improve the quality of, and access to, women and children's health services, while at the same time aligning its work with provincial initiatives.

AGING HEALTHY and ENJOYING LIFE

When Marie-Jeanne moved to Canada from the Congo five years ago to be with her family and care for her grandchildren, she was looking forward to a new life.

Back in the Congo, Marie-Jeanne was a journalist and a very active member in her community. So upon arrival in her new home, Marie-Jeanne was eager to connect with other seniors in her new community. But there was one barrier – she was unable to speak English. Not knowing where to find other French speaking seniors, Marie-Jeanne became lonely and isolated.

All that changed when Marie-Jeanne joined a Francophone senior's group "Retraite Active" through her local church. Her new-found friends invited her to join them at activities provided in French. It was during these events that Marie-Jeanne found out about the Healthy Aging, Enjoy Life program hosted by the Four Corners Health Centre and funded by the Central West LHIN.

The Healthy Aging, Enjoy Life program enabled Marie-Jeanne to build friendships with other Francophone seniors and learn about services in her community. Through the program, Marie-Jeanne learned how to better maintain her personal health and live independently in her community. The program inspired Marie-Jeanne to help other Francophone Seniors who recently immigrated to Canada. She now provides advice about the importance of social interaction and community involvement by drawing from her own experience.

"As a senior we can still help others and contribute to the betterment of our community. Seniors who have immigrated to Canada need to accept the community support being offered so that they are not isolated and can play an active role in their community." – *Marie-Jeanne*

Today, Marie-Jeanne has gone on to enroll into English as a Second Language (ESL) classes so she can better engage in more volunteer work within her community.

The Healthy Aging, Enjoy Life program is designed for Francophone seniors and aims to empower seniors to maintain and improve their quality of life while remaining independent in their community. Through a series of workshops seniors learn about self-management of chronic diseases and how to stay physically active. Each workshop provides valuable information that encourages seniors to be healthy, active and engaged within their local communities.

The Four Corners Health Centre is a satellite of Wellfort Community Health Services that is funded by the Central West LHIN.

Current Status

In 2013/14, partnering with the MOHLTC and the Regional Diversity Roundtable, the Central West LHIN introduced the Health Equity Impact Assessment (HEIA) tool to its funded agencies. Agencies are utilizing this tool to improve program planning for marginalized populations. In addition, the Central West LHIN's Diversity and Health Equity Core Action Group endorsed the use of a cultural competence training module created by SickKids, and funded by Citizenship Immigration Canada. Use of these modules is being integrated into educational curriculum at acute care hospitals.

The Central West LHIN's French Language Services (FLS) Core Action Group has introduced a forum for "identified" French language HSPs to engage on the execution of their Yearly Implementation Plans for the development of French language services. The LHIN worked closely and collaboratively with Reflet Salvéo about engaging the francophone community, capacity building and service planning. Priorities and actions are identified and outlined in a Joint Annual Action Plan between Reflet Salvéo and the Central West, Mississauga Halton and Toronto Central LHINs. Year-end reporting by each "identified" French Language HSP indicated an increase in the number of Francophone residents who requested services and were served in French.

HSPs identified for French Language Services submitted their complete Yearly Implementation Plans to the Cenrtal West LHIN. Supportive Housing in Peel (SHIP) was able to increase their services to the francophone community by increasing their French speaking health human resource capacity and by incorporating the principles of active offer in their intake process and advertising. The Central West CCAC worked to ensure their providers respected Article 9 French language provisions of the contract services schedule by adding French language service provision as part of the performance and quality auditing process of its service providers. Canadian Mental Health Association - Peel Branch continued to increase its availability of services in French by ensuring 19 client forms are available in French and Osler took an active role in the Ontario Hospital Association's French Language Services Provincial Leadership Council.

Members of the indigenous community access services through mainstream providers within the LHIN or travel to Toronto to seek culturally-sensitive services through Anishnawbe Health. In 2013/2014 the LHIN partnered with the Peel Aboriginal Network in the planning of the Sisters in Spirit Vigil and participated in the Credit River Métis Council's Louis Riel Day.

The Central West LHIN provides funding to two hospice organizations who serve over 600 palliative clients and their families each year. The Central West Palliative Care Network provides a community for the advancement of hospice palliative care. Network members benefit from a system of communications, strategic planning, and education through a Steering Committee and advisory groups. Members represent hospice palliative care, hospital, Long-Term Care, primary care, community care and education sectors. The Network has introduced the first elements of a Shared Care Model for hospice palliative care, with Nurse Practitioners and Advanced Practice Nurses supported by a part time Medical Director. Two of five funded Nurse Practitioner positions with the Central West CCAC were filled. In 2013/14, the CCAC received 1,585 referral, delivered 2,670 units of service and the palliative shared care nurses diverted 383 palliative patients from visiting local EDs.

LHIN staff is actively engaged in the GTA LHIN Cross LHIN Transitional Aged Youth Project focussed on developing a solution to efficiently coordinate the care for the medically complex youth. The LHIN is also participating in the work of the Provincial Council for Maternal Child Health (PCMCH) that is currently focused on developing health care solutions for children with medical complexities (CMCs). These focus areas are aligned with the LHIN's efforts to ensure high users of the health care system are appropriately navigating and accessing services in the local region.

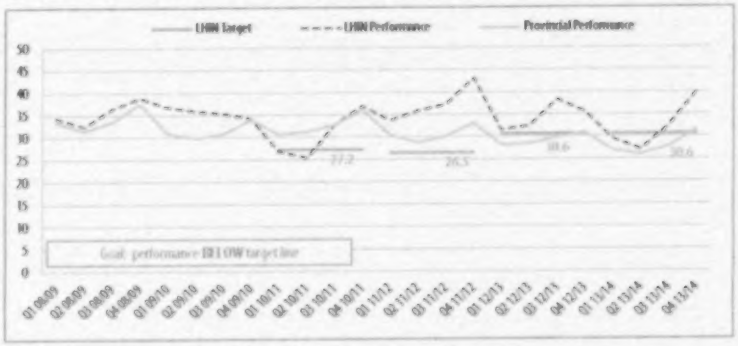
Section 3 | Performance Indicators

1: Access to Health Care Services

Emergency Department

Emergency department (ED) indicators measure the length of time from patient arrival at the ED, to patient discharge from the ED. This measure includes wait time as well as diagnosis, treatment and monitoring time.

1. **90th percentile ED length of stay for admitted patients** | This indicator measures how long it takes for hospitals to transfer patients who have completed their treatment in the ED to inpatient beds. Central West LHIN performance in 2013/14 improved by more than two hours year-over-year, missing target by just over one hour; a notable improvement considering a significant increase in the total number of ED visits.



The Central West LHIN has the third lowest proportion of ED visits by population. However, Brampton Civic Hospital consistently experiences both the highest overall volume and the highest proportion of high acuity patients (those most likely to require admission to an inpatient bed) of any ED in the province. Fluctuations in performance indicate the LHIN's response to and management of these volumes in the LHIN.

CENTRAL WEST LHIN PERFORMANCE INDICATORS (PIs)
2013/14 ANNUAL REPORT - May 12, 2014 Release

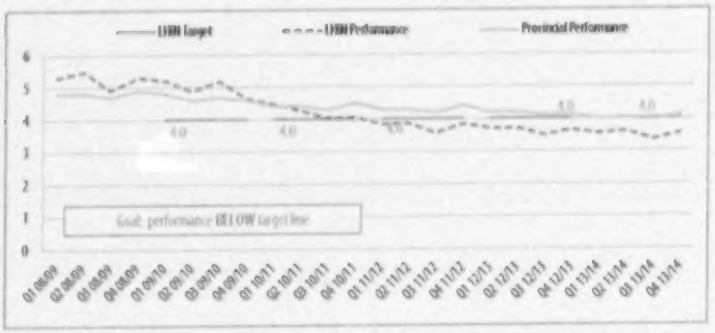
PI No.	Performance Indicator	2013/14 Starting Point	2013/14 Performance Target	Most Recent Quarter 2013/14 Performance	FY 2013/14 LHIN Annual Result
1: Access to healthcare services					
1	90th percentile Emergency Department (ED) length of stay for admitted patients	33.98	30.60	39.93	31.73
2	90th percentile ED length of stay for non-admitted complex (CTAS I-III) patients	7.23	7.00	7.15	7.10
3	90th percentile ED length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.65	4.00	3.53	3.52
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	97.00%	90.00%	96.11%	95.67%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	NA	NA	NA	NA
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	93.00%	90.00%	92.15%	90.59%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	80.00%	80.00%	59.52%	72.12%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	79.00%	80.00%	66.92%	72.51%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	32.00%	70.00%	22.33%	62.49%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	95.00%	90.00%	88.71%	90.65%
2: Integration and coordination of care					
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	10.80%	10.00%	8.44%	9.52%
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	30.00	19.00	21.00	28.00
3: Quality and improved health outcomes					
13	Readmission within 30 Days for Selected CMGs**	14.88%	14.70%	17.99%	15.63%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	17.50%	16.70%	25.52%	26.40%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	26.10%	23.50%	24.61%	28.03%

*FY 2013/14 is based on most recent four quarters of data (Q4 2012/13 - Q3 2013/14) due to availability

**FY 2013/14 is based on most recent four quarters of data (Q3 2012/13 - Q2 2013/14) due to availability

2. **90th percentile ED length of stay for non-admitted complex (CTAS I-III) patients |** Central West LHIN performance in this measure has improved and stabilized substantially over the last several years. Final performance for 2013/14 was 7.10 hours, well within the LHIN acceptable performance range, and shorter than the provincial target (and clinical best practice) of 8 hours.

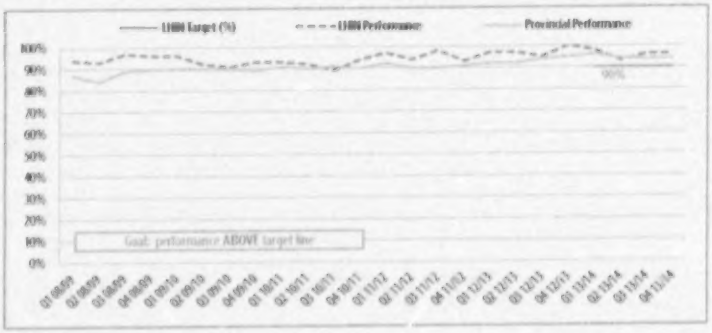
3. **90th percentile ED length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients |** In 2013/14, Central West LHIN length of stay, for low acuity patients, was shorter than any other LHIN in the province. Final performance was 30 minutes better than the overall provincial performance, and 29 minutes better than target. The Central West LHIN has the lowest proportion of low acuity visits in the province, which suggests there has been success in providing care in a more appropriate setting for these patients, such as primary care and urgent care clinics.



Wait Times

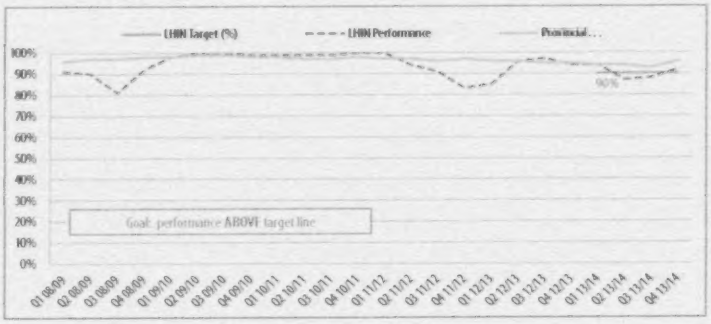
Wait time indicators measure the proportion of patients who received their surgical or diagnostic imaging procedures within established provincial access targets, measured in days. Patients waiting for these procedures are placed, by their physician, into one of four categories according to the urgency of their need the procedures. LHIN performance is measured only for patients in the "Priority IV" category; the least urgent of the categories.

4. **Percent of Priority IV cancer surgeries completed within 84 days |** The Central West LHIN consistently meets both LHIN and provincial targets for access to cancer surgeries.

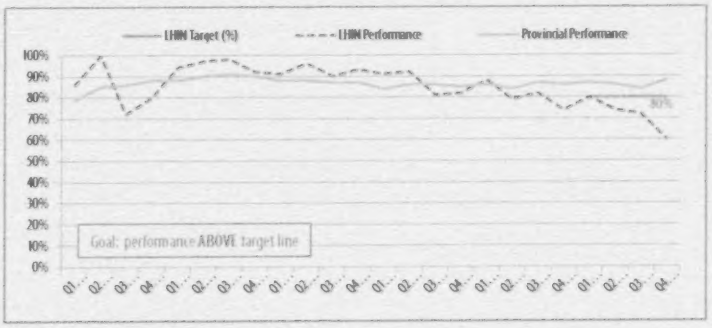


5. **Percent of Priority IV cardiac by-pass surgeries completed within 90 days |** No hospitals within the Central West LHIN provide cardiac by-pass procedures, and there is therefore no performance to display. There is no chart for this PI.

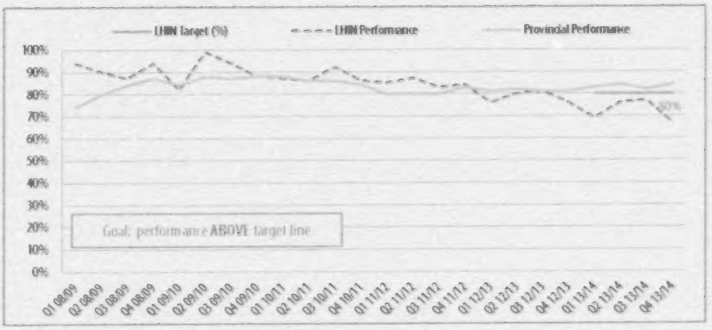
6. **Percent of Priority IV cataract surgeries completed within 182 days |** Because the LHIN received additional cataract surgery volumes in the last quarter of 2013/14, the Central West LHIN was able to meet its target for timely access to cataract surgery.



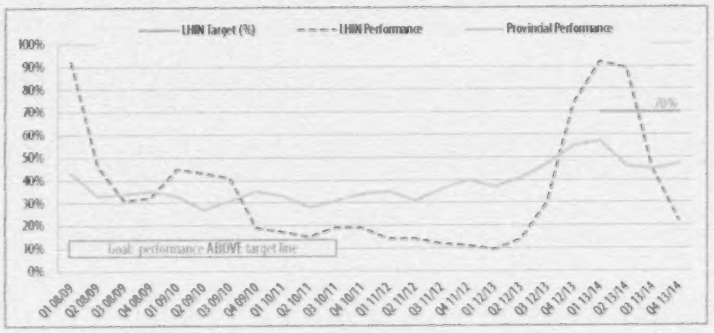
7. **Percent of priority IV hip replacement surgeries completed within 182 days |** Central West LHIN hospitals completed all funded hip replacement surgeries in 2013/14. However, demand continues to exceed supply.



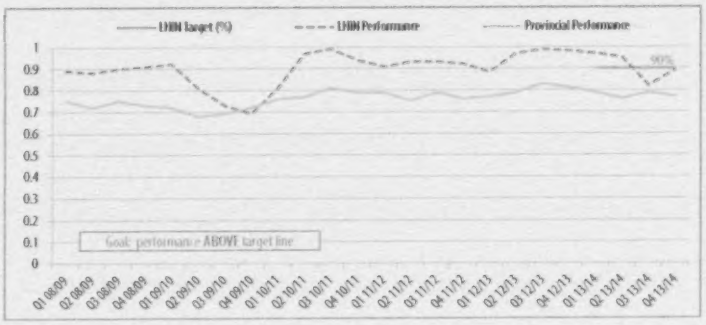
8. **Percent of Priority IV knee replacement surgeries completed within 182 days |** As with hip replacement surgeries, the demand for knee replacement elective surgeries exceeds the allocated volumes.



9. **Percent of priority IV diagnostic MRI scans completed within 28 days |** In 2013/14, the Central West LHIN's performance in providing access to MRI scans improved by over 95% in 2013/14, missing the target by just over eight percentage points. Hospitals in the Central West LHIN have made many improvements in process and have gained efficiencies by doing so but, as with joint replacement surgeries, demand continues to exceed allocated volumes.



10. **Percent of priority IV diagnostic CT scans completed within 28 days |** The Central West LHIN was successful in meeting its target for timely access to CT scans in 2013/14.

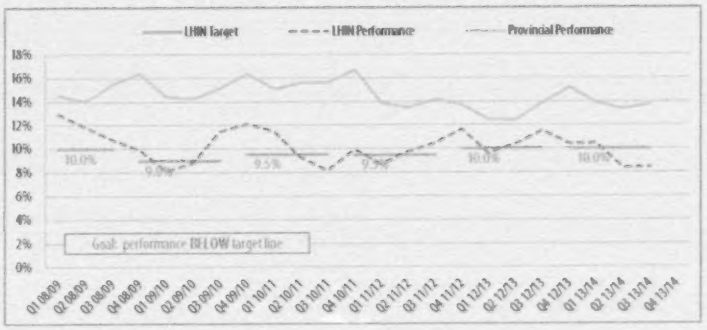


2: Integration and Coordination of Care

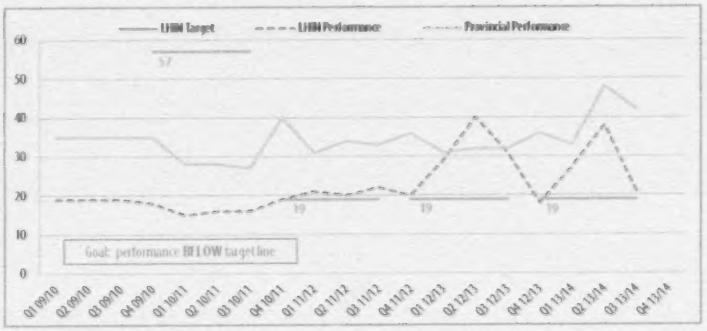
Alternate Level of Care (ALC) refers to those patients who continue to occupy hospital beds after they have completed a course of treatment for which they were admitted and no longer require the care associated with those beds. For a variety of reasons, these patients experience barriers to discharge from hospital.

To enable discharge, Community Care Access Centres (CCAC's) provide a variety of in-home support services in addition to assisting local residents navigate a host of additional community services. LHINs are measured on the time it takes for a resident to receive CCAC support services, after having applied for the service. This period includes both the time from application to assessment and from assessment to delivery of services.

11. **Percentage ALC Days |** This indicator measures how much of a patients time in hospital was spent waiting for their next appropriate level of care, following discharge from an acute hospital bed. The Central West LHIN had the second best performance of all 14 LHINs during the performance period (January-December 2013), meaning that patients who were discharged from hospital s in the Central West LHIN spent less time waiting for care in their homes, in Long-Term Care or in post-acute beds. The LHIN met its target and performed almost five percentage points higher than the province as a whole.



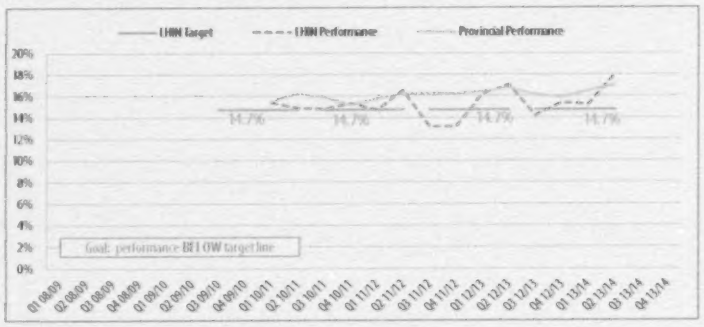
12. **90th percentile wait time for CCAC in-home services – Application from community setting to first CCAC services (excluding case management) |** Central West CCAC performance improved by 9 days (30%) during the performance period (January-December 2013), missing its target by only 2 days. Growing demand for services continues to provide challenges for the CCAC.



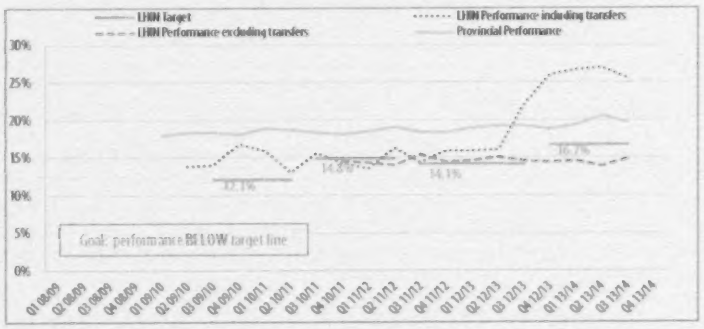
3: Quality and Improved Health Outcomes

Once patients have been seen at the hospital, either in the ED or as an inpatient, one measure of their access to appropriate care in the community is whether they return to the hospital within a short time. The following three LHIN performance indicators measure how often certain patients return to hospital within 30 days.

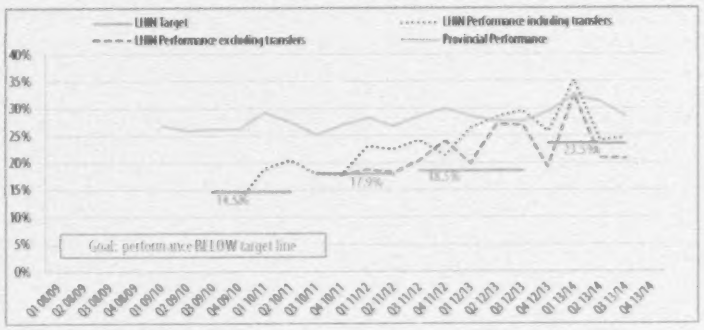
13. **Readmission within 30 days for chronic diseases** | This indicator measures what proportion of patients being treated for chronic disease(s) required subsequent admissions to hospital after an initial hospital stay. This number has increased steadily and was above the LHIN target by less than one percentage point during the performance period (October 2012-September 2013). The two diseases consistently above target for this measure are Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). The Central West LHIN's new regional Telehomecare program targets increasing the support and self-management of chronic diseases in the community, with a particular emphasis on these diseases.



14. **Repeat unscheduled emergency visits within 30 days for mental health conditions** | The Central West LHIN is currently undertaking an analysis to augment reporting of this indicator. This analysis examines the impact of inter- and intra-hospital transfers on reported performance.



15. **Repeat unscheduled emergency visits within 30 days for substance abuse conditions** | The LHIN is undertaking a similar analysis as noted above. During the performance period (January-December 2013) alcohol accounted for more than 80% percent of repeat visits for substance abuse.



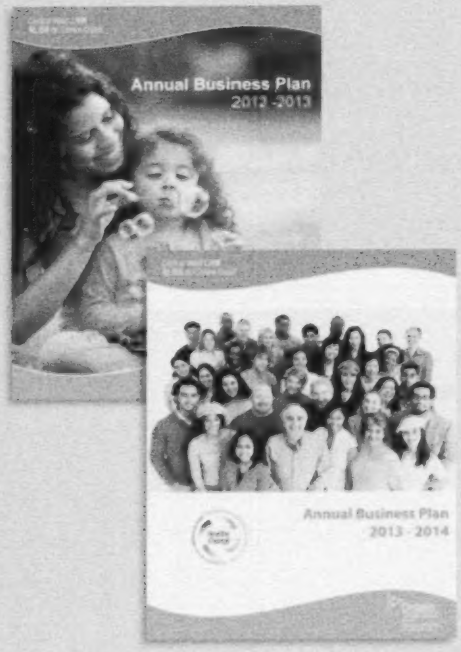
Section 4 | Engaging LHIN Communities

The Local Health System Integration Act (LHSIA) is based on a belief that the health needs of local communities are best understood by those who live in them. Hence the ability to effectively understand the needs of our local communities rests with meaningful relationship building and overall stakeholder engagement.

Communication Objectives

During 2013/14 the Central West LHIN conducted communications and community engagement activities with the following objectives in mind:

- Promote an understanding of the need for continued health system transformation
- Build ongoing support for an integrated sustainable health care system that ensures better health, better care and better value
- Encourage both organizations and individuals to actively engage in the planning and development of the local health system, and to share in the benefits / success of health system transformation
- Raise awareness of the Central West LHIN's role, its unique characteristics, value proposition and importance within the health care system
- Educate and build awareness among Health Service Providers, community partners and local residents regarding shared accountability for health system transformation and the alignment of local initiatives with IHSP 3
- Build strong, trusted relationships with all stakeholders across the Central West LHIN, with the goal of providing community satisfaction in regard local health care services
- Demonstrate the value of the Central West LHIN to local residents
- Provide accurate and timely information to all audiences regarding the progress of LHIN activities and be transparent and accountable with respect to timelines, outcomes and opportunities for participation/feedback.



Current Status

Throughout 2013/14, the Central West LHIN continued to place emphasis on the strong, meaningful relationships it has developed with residents, Health Service Providers, community partners and even those agencies not funded by the LHIN but whose activities contribute to the overall design and integration of their local health care system.

The Central West LHIN executed its communications and community engagement activities through use of a variety of tools/tactics including...

News Releases	As required, to highlight/promote Central West LHIN activities/events - 12 local LHIN news releases issued in 2013/14.
LHINfo Minute	Short education/information periodical issued to a general stakeholder audience when and as required - 7 issued in 2013/14.
LHINfocus	Bi-annual publication to recap and check in on year-to-date progress made throughout the fiscal year... update to community - 2 issued in 2013/14.
Elected Official Updates	Sent to MPP's and Municipal Leaders monthly – 6 issued in 2013/14.
MPP Meetings	Held quarterly.
Governance to Governance Sessions	3 sessions held in 2013/14.
Regional, Municipal, Civic Council Meetings	Contingent on schedule availability.
Annual Business Plan	Published annually.
Annual Report	Published annually for the year previous.
Board Materials	Posted to Central West LHIN Website ahead of and following monthly Board meetings.

In 2013/14, LHIN continued to participate in the Provincial Aboriginal Leads Network to ensure that LHINs are working in collaboration in an effort to leverage local health initiatives for indigenous communities across the province.

The Central West LHIN also continued to work closely with "Reflet Salvéo", the entity for French language services, to improve access to, and integration of, French language health care services in the communities within the Central West LHIN. Please refer to Section 2.4 of this Annual Report for more information on LHIN activities related to both indigenous and French speaking communities.

In Conclusion... how are we doing?

If the health needs of local communities are best understood by those who live and work in them, it stands to reason local residents are the best source to inform the Central West LHIN if local planning and investments in high quality, person-centred care are on the right track.

In addition to a successful Telephone Town Hall, where over 8,000 residents dialed in to dialogue with senior leaders from across the LHIN - William Osler Health System, Headwaters Health Care Centre, the Central West CCAC, Region of Peel and the LHIN itself - the LHIN conducted its latest public (local resident) poll.

An increasing number of local Central West LHIN residents feel their health care has changed for the better, including access to and quality of local health care services.

According to results, there has been a steady increase, over the past seven years, in the number of residents who are satisfied with access to their local health care programs and services. Noticeably, 88% percent of residents indicated satisfaction with the quality of their local health care in the Central West LHIN, an 11% percent improvement over the previous public poll conducted in 2009.

This is the third such poll in seven years, an indication of the importance placed by the LHIN on the ongoing assessment of local residents satisfaction with their health services, their confidence in the health care system and their views of local health priorities.

Residents and Health Service Providers place a high value on their health care system, and over the years Central West LHIN decisions regarding the planning, funding and integration of local health care services have been informed by the voices of patients, family caregivers, residents, Health Service Providers, community partners and those organizations not funded by the LHIN but who play an important role in the design and integration of their local health care system. The consensus is clear...

Together we are making healthy change happen!

88%

satisfaction with the quality of local health care

78%

satisfaction with fair and equitable service for all

82%

satisfaction with system's capacity to accommodate diversity

Financial statements of

Central West Local Health Integration Network

March 31, 2014

Central West Local Health Integration Network

March 31, 2014

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Independent Auditor's Report

To the Members of the Board of Directors of the
Central West Local Health Integration Network

We have audited the accompanying financial statements of Central West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2014, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Central West Local Health Integration network as at March 31, 2014 and the results of its operations, changes in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 28, 2014

Central West Local Health Integration Network

Statement of financial position
as at March 31, 2014

	2014	2013
	$	$
Financial assets		
Cash	**545,357**	713,180
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC") - Health Service Providers ("HSP")	**2,807,196**	4,926,008
Due from other LHINs - Enabling Technologies for Integration (Note 3b)	**230,414**	-
Due from other LHINs	**-**	214,351
Other	**89,027**	117,020
	3,671,994	5,970,559
Liabilities		
Accounts payable and accrued liabilities	**496,537**	518,910
Due to MOHLTC (Note 3c)	**412,446**	524,722
Due to HSP	**2,807,196**	4,926,008
Due to the LHIN Shared Services Office (Note 4)	**958**	13,276
Deferred capital contributions (Note 5)	**60,909**	108,595
	3,778,046	6,091,511
Net debt	**(106,052)**	(120,952)
Commitments (Note 6)		
Non-financial assets		
Prepaid expenses	**45,143**	12,357
Tangible capital assets (Note 7)	**60,909**	108,595
	106,052	120,952
Accumulated surplus	**-**	-

Approved by the Board

BOARD CHAIR Director

Director

Central West Local Health Integration Network

Statement of operations
year ended March 31, 2014

	Budget (Note 8)	2014 Actual	2013 Actual
	$	$	$
Revenue			
MOHLTC funding			
Health Service Provider ("HSP") transfer payments (Note 9)	809,846,345	844,700,998	831,241,347
Operations of LHIN	4,181,828	4,172,928	4,126,215
eHealth-Enabling Technologies for Integration (Note 10a)	-	397,401	580,000
French Language Services (Note 10b)	106,000	106,000	75,603
ER/ALC Performance Lead (Note 10c)	100,000	100,000	100,000
Emergency Department Lead (Note 10d)	75,000	75,000	75,000
Aboriginal Health (Note 10e)	7,500	7,500	2,500
Primary Care Lead (Note 10f)	-	75,000	75,000
Critical Care Lead (Note 10g)	75,000	75,000	75,000
Diabetes Regional Coordination (Note 10h)	993,401	568,728	192,817
Physiotherapy Planning Funds (Note 10i)	-	27,344	-
Amortization of deferred capital contributions (Note 5)	-	56,585	62,288
	815,385,074	850,362,484	836,605,770
Funding repayable to the MOHLTC (Note 3a)	-	(182,032)	(524,722)
	815,385,074	850,180,452	836,081,048
Expenses			
Transfer payments to HSPs (Note 9)	809,846,345	844,700,998	831,241,347
General and administrative (Note 11)	4,181,828	4,159,057	4,155,314
eHealth-Enabling Technologies for Integration (Note 10a)	-	357,262	244,823
French Language Services (Note 10b)	106,000	78,367	65,000
ER/ALC Performance Lead (Note 10c)	100,000	100,000	100,000
Emergency Department Lead (Note 10d)	75,000	72,367	72,327
Aboriginal Health (Note 10e)	7,500	1,718	-
Primary Care Lead (Note 10f)	-	72,295	72,558
Critical Care Lead (Note 10g)	75,000	72,000	72,000
Diabetes Regional Coordination (Note 10h)	993,401	544,750	57,679
Physiotherapy Planning Funds (Note 10i)	-	21,638	-
	815,385,074	850,180,452	836,081,048
Annual surplus	-	-	-
Accumulated surplus, beginning of year	-	-	-
Accumulated surplus, end of year	-	-	-

Central West Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2014

	2014	2013
	$	$
Annual surplus	-	-
Acquisition of tangible capital assets	**(8,899)**	(25,750)
Amortization of tangible capital assets	**56,585**	62,288
Change in other non-financial assets	**(32,786)**	12,664
Decrease in net debt	**14,900**	49,202
Net debt, beginning of year	**(120,952)**	(170,154)
Net debt, end of year	**(106,052)**	(120,952)

Central West Local Health Integration Network

Statement of cash flows
year ended March 31, 2014

	2014	2013
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	(56,585)	(62,288)
Amortization of deferred capital contributions (Note 5)	56,585	62,288
Changes in non-cash operating items		
Decrease (increase) in accounts receivable - MOHLTC	2,118,812	(3,956,608)
(Decrease) increase in due to the MOHLTC	(112,276)	88,431
(Decrease) increase in due to HSP's	(2,118,812)	3,956,608
Increase in due from other LHINs	(16,063)	-
Decrease (increase) in accounts receivable - other	27,993	(218,490)
(Increase) decrease in prepaid expenses	(32,786)	12,664
(Decrease) increase in accounts payable	(22,373)	136,210
(Decrease) increase in due to the LHIN Shared Services Office	(12,318)	12,220
	(167,823)	31,035
Capital transaction		
Acquisition of capital assets	8,899	25,750
Financing transaction		
Deferred capital contributions (Note 5)	(8,899)	(25,750)
Net (decrease) increase in cash	(167,823)	31,035
Cash, beginning of year	713,180	682,145
Cash, end of year	545,357	713,180

1. Description of business

The Central West Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Central West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers Dufferin County, the northern portion of Peel Region, part of York Region, and a small part of the City of Toronto. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Services Providers ("HSP"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2014.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, and they are measurable. Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Funding payments to HSPs in the LHIN geographic area flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2014.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimate and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

2. Significant accounting policies (continued)

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of operations and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

3. Funding repayable to the MOHLTC and eHealth Ontario

In accordance with the MLPA and TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC and eHealth Ontario, respectively.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Funding received	Eligible expenses	2014 Excess funding	2013 Excess funding
	$	$	$	$
Transfer Payments to HSP's	844,700,998	844,700,998	-	-
LHIN Operations (Note 11)	4,172,928	4,102,472	70,456	33,189
Capital contribution (Note 11)	56,585	56,585	-	-
eHealth - Enabling Technologies for Integration (Note 10a)	397,401	357,262	40,139	335,177
French Language Services (Note 10b)	106,000	78,367	27,633	10,603
ER/ALC Performance Lead (Note 10c)	100,000	100,000	-	-
Emergency Department Lead (Note 10d)	75,000	72,367	2,633	2,673
Aboriginal Health (Note 10e)	7,500	1,718	5,782	2,500
Primary Care Lead (Note 10f)	75,000	72,295	2,705	2,442
Critical Care Lead (Note 10g)	75,000	72,000	3,000	3,000
Diabetes Regional Co-ordination (Note 10h)	568,728	544,750	23,978	135,138
Physiotherapy Planning Funds (Note 10i)	27,344	21,638	5,706	-
	850,362,484	850,180,452	182,032	524,722

b) eHealth - Enabling Technologies for Integration

Effective April 1, 2013, the LHIN entered into an agreement with Central, Central West, Central East, Toronto Central, Mississauga Halton and North Simcoe Muskoka (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The Central West LHIN is designated the Lead LHIN within this agreement and as such holds the accountability over the distribution of the funds and manages the shared Project Management Office. In the event that the Cluster experiences a surplus the Lead LHIN is responsible for returning those funds to the MOHLTC. The total Cluster funding received for the year ended March 31, 2014 is $3,416,000 (net of $64,000 in year recovery) less the funds utilized within the Central West LHIN of $397,401 resulted in a total distribution of $3,018,599.

3. Funding repayable to the MOHLTC and eHealth Ontario (continued)

b) eHealth - Enabling Technologies for Integration (continued)

The surplus from other LHINs is as follows:

	Funding received	Eligible expenses	2014 Excess funding	2013 Excess funding
	$	$	$	$
Central LHIN	394,077	392,193	1,884	-
Central East LHIN	802,026	629,789	172,237	-
Toronto Central LHIN	580,000	580,000	-	-
Mississauga Halton LHIN	676,453	620,160	56,293	-
North Simcoe Muskoka LHIN	566,043	566,043	-	-
	3,018,599	2,788,185	230,414	-

c) The amount due to the MOHLTC at March 31 is made up as follows:

	2014	2013
	$	$
Due to MOHLTC, beginning of year	524,722	289,216
Funding repaid to MOHLTC prior year	(524,722)	(289,216)
Funding repayable to the MOHLTC related to		
current year activities (Note 3a)	182,032	524,722
current year activities (Note 3b)	230,414	-
Due to MOHLTC, end of year	412,446	524,722

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

5. Deferred capital contributions

	2014	2013
	$	$
Balance, beginning of year	108,595	145,133
Capital contributions received during the year	8,899	25,750
Amortization for the year	(56,585)	(62,288)
Balance, end of year	60,909	108,595

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment ending in 2017. Lease renewals are likely. Minimum lease payments due in each of the next two years are as follows:

	$
2015	269,758
2016	100,488
2017	2,334

The LHIN also has funding commitments to some HSPs associated with accountability agreements for fiscal 2014. Minimum funding for HSPs related to the next two years, based on the fiscal 2014 accountability agreements, and are as follows:

	$
2015	832,440,843
2016	832,440,843

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

7. Tangible capital assets

			2014	2013
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office furniture and fixtures	284,229	274,811	9,418	18,835
Computer equipment	60,177	51,594	8,583	17,167
Leasehold improvements	712,468	669,560	42,908	72,593
	1,056,874	995,965	60,909	108,595

8. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the final budget at April 30, 2013. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year, the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The total HSP funding budget of $844,700,998 is made up of the following:

	$
Initial HSP funding budget	809,846,345
Adjustment due to announcements made during the year	34,854,653
Total HSP funding budget	844,700,998

8. Budget figures (continued)

The total operating budget, excluding HSP funding, is made up of the following:

	$
Initial budget	4,181,828
Aboriginal Funding	7,500
French Language Services	106,000
ER/ALC Performance Lead	100,000
ED LHIN Lead	75,000
Critical Care Lead	75,000
Diabetes Regional Co-ordination	993,401
In Year Surplus returned to MOHLTC	(424,673)
Adjustment due to announcements made during the year	
eHealth - Enabling Technologies for Integration	3,480,000
In Year Surplus returned to MOHLTC	(64,000)
Primary Care Lead	75,000
Physiotherapy planning funds	27,344
Amount treated as capital contributions made during the year	56,585
Total budget	8,688,985

9. Transfer payments to HSPs

The LHIN approved transfer payments to the various sectors in 2014 as follows:

	2014	2013
	$	$
Operation of Hospitals	525,342,510	531,748,267
Grants to compensate for Municipal Taxation - Public Hospitals	96,975	99,450
Long-Term Care Homes	150,094,501	148,870,896
Community Care Access Centres	104,175,929	93,211,762
Community Support Services	12,383,568	9,331,737
Assisted Living Services in Supportive Housing	8,182,096	6,585,023
Community Health Centres	12,099,866	10,138,849
Community Mental Health Addictions Program	32,325,553	31,255,363
	844,700,998	831,241,347

10. Specific initiatives

Separate funding amounts were received by the Central West LHIN from the MOHLTC for specific initiatives.

a) eHealth - Enabling Technologies for Integration

The LHIN received funding of $397,401 (2013 - $580,000) related to supporting the eHealth PMO office. eHealth expenses incurred during the year are as follows:

	2014	2013
	$	$
Salaries and benefits	223,987	225,083
Staff travel	4,991	2,436
Communication expense	1,792	1,831
Consulting	120,000	-
Accomodation	1,807	5,895
Staff development	1,561	253
Meeting expenses	1,839	142
Recruitment	529	-
Supplies	756	9,183
	357,262	244,823

The funding received for eHealth Enabling Technologies for integration is distributed as part of the Cluster agreement to which the Central West LHIN is the lead. Please refer back to Note 3b for further details.

b) French Language Services

The LHIN received base funding of $106,000 (2013 - $106,000 less one-time recovery of $30,397 for $75,603).Expenses incurred during the year of $78,367 (2013 - $65,000) related to running the program.

c) ER/ALC Performance Lead

The LHIN received funding of $100,000 (2013 - $100,000) related to the ER/ALC Performance Lead initiative. ER/ALC expenses incurred during the year of $100,000 (2013 - $100,000) related to salaries and benefits.

d) Emergency Department Lead

The LHIN received funding of $75,000 (2013 - $75,000) related to the Emergency Department Lead project. Emergency Department Lead expenses of $72,367 (2013 - $72,327) consist of $72,000 (2013 - $72,000) for Medical Professional Services and $367 (2013 - $327) related to development and travel expenses.

e) Aboriginal Health

The LHIN received base funding of $7,500 (2013 - $7,500 less one-time recovery of $5,000 for $2,500) related to the Aboriginal Health planning. Aboriginal Health planning expenses incurred during the year consist of $1,718 (2013 - $Nil) related to travel and meeting expenses.

10. Specific initiatives (continued)

f) Primary Care Lead

The LHIN received funding of $75,000 (2013 - $75,000) related to the Primary Care Lead project. Primary Care Lead expenses of $72,295 (2013 - $72,558) consist of $72,000 (2013 - $72,000) for Medical Professional Services and $295 (2013 - $558) related to travel expenses.

g) Critical Care Lead

The LHIN received funding of $75,000 (2013 - $75,000) related to the Critical Care Lead project. Critical Care Lead expenses incurred during the year consist of $72,000 (2013 - $72,000) for Medical Professional Services.

h) Diabetes Regional Co-ordination

The LHIN received funding of $993,401 (2013 - $192,817) this was further reduced by a one-time in year recovery of $424,673 for a revised total revenue of $568,728 for Diabetes Regional Co-ordination. Diabetes Regional Co-ordination expenses incurred during the year is as follows:

	2014	2013
	$	$
Salaries and benefits	389,156	21,765
Staff travel	2,202	246
Communication expense	5,153	21,503
Accomodation	34,152	5,350
Staff development	1,867	150
Meeting expenses	-	1,690
Consulting	73,340	-
Recruitment	13,934	-
Shared Services	10,150	-
Printing and Translation	5,182	-
Supplies	9,614	6,975
	544,750	57,679

i) Physiotherapy planning funds

The LHIN received funding of $27,344 (2013 - Nil). Physiotherapy planning expenses incurred during the year consist of $21,638 (2013 - Nil).

11. General and administrative expenses

The statement of operations presents expenses by function. The following classifies these same expenses by object:

	2014	2013
	$	$
Salaries and benefits	2,703,485	2,692,303
Occupancy	239,782	240,118
Amortization	56,585	62,288
Shared services	434,607	411,520
LHIN Collaborative	47,500	47,500
Consulting services	171,375	148,237
Professional Fees	26,286	25,115
Supplies	66,829	77,617
Board Chair remuneration	66,850	69,125
Board member remuneration	67,225	76,050
Board expenses	59,014	44,980
Mail, courier and telecommunications	65,222	61,697
Other	154,297	198,764
	4,159,057	4,155,314

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 25 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2014 was $306,497 (2013 - $266,578) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 31, 2013. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

14. Comparative figures

Certain comparative numbers have been reclassified to conform to the current year presentation.

Notes:

C'est pour vous
C'est pour votre santé!

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ISSN 1913-5718

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Local Health Integration Network
Réseau local d'intégration des services de santé